

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-008571
STATE FILE NUMBERDO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

2631

FILED MAR 14 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN St. Louis

Length of stay in 1b

12 wks.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Jewish Hosp.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo.

b. COUNTY

c. CITY OR TOWN St. Louis

Inside Limits

Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)

5929 DeGiverville

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First MINNIE

Middle

Last ELSON

4. DATE OF DEATH

Month Mar. 6, 1963

Day

Year

5. SEX

Female

6. COLOR OR RACE

Cauc.

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

7 / 8 / 1898

9. AGE (last birthday)

64

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Russia

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Chaim Marks

13b. MOTHER'S MAIDEN NAME

Edis (unk)

14. NAME OF HUSBAND OR WIFE

Max

15. WAS DECEASED EVER IN U.S. ARMED FORCE

(Yes, no, or unknown) (If yes, give war or dates)

No

Y NO.

One

17. INFORMANT

Address

Max Elson 5929 DeGiverville

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

Adenocarcinoma - metastatic to lungs.

Adenocarcinoma of left breast.

197.2

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Dec. 5, 1962 to March 6, 1962 and last saw her alive on March 6, 1962. Death occurred at 5 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Julius Elson, M.D.

22b. ADDRESS

3720 Washington

22c. DATE SIGNED

3/6/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

3/7/1963

23c. NAME OF CEMETERY OR CREMATORY

Chevra Kadisha

23d. LOCATION (City, town, or county)

University City, Mo.

24. FUNERAL DIRECTOR

Berger Memorial 4715

ADDRESS

Chernerson

25. DATE RECD. BY LOCAL REG.

MAR. 6 1963

26. REGISTRAR'S SIGNATURE

Paul Smith, M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

VS 300
Rev. 4/59

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Lawrence J. Davis*
Licensed Embalmer No. 3988

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.